

MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PO BOX 3320, JEFFERSON CITY, MO 65105-3320

**TOBACCO PRODUCTS —
OTHER THAN CIGARETTES
CUSTOMER RETURNS TO INVENTORY — SCHEDULE B**

FORM
4389
(REV. 11-2003)

COMPANY		LICENSE NO.	
ADDRESS	CITY	STATE	ZIP CODE

If you have questions or need assistance in completing this form, please call (573) 751-5772 (TDD 1-800-735-2966) or e-mail **excise@dor.mo.gov**. You may also access this form from the Department's web site: **www.dor.mo.gov/tax/business/excise/tobacco/forms/**.

DATE RETURNED INTO STOCK	CREDIT/REFUND NUMBER	CREDIT/REFUND DATE	FROM WHOM RETURNED (NAME AND ADDRESS)	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
				\$
Enter total here and on Line 3 of Form 4387 or, if necessary, continue on page 2 (reverse side) of this form . .				\$

